

SOLID WASTE LANDFILL ANNUAL REPORT

For Calendar year 2008

HAND DELIVERED

FEB 19 2009

Administrative Information (Please enter all the information requested below - type or print legibly)

Facility Name: Bountiful Sanitary Landfill

Facility Mailing Address: 790 South 100 East

(Number & Street, Box and/or Route)

City: Bountiful

Zip Code: 84010

County: Davis

Permit No.: 9426R1

UTAH DIVISION OF
SOLID & HAZARDOUS WASTE

2009.00633

Owner

Name: Bountiful City Corporation Phone No.: (801)298-6125

Mailing Address: 790 South 100 East

(Number & Street, Box and/or Route)

City: Bountiful

State: Utah

Zip Code: 84010

Contact's Name: Todd Christensen Title: Engineer

Contact's Mailing Address: 790 South 100 East Bountiful, UT 84010

Phone No.: (801) 298-6125 Contact's Email Address: toddc@bountifulutah.gov

Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: _____ Phone No.: (____)

Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____

State: _____

Zip Code: _____

Contact's Name: _____ Title: _____

Contact's Mailing Address: _____

Phone No.: (____)

Contact's Email Address: _____

Facility Type and Status

☒ Class I

☐ Class IIIb

☐ Class V

☐ Class II

☐ Class IVa

☐ Class VI

☐ Class IIIa

☐ Class IVb

Facility operates separate cells for C/D and municipal waste.

Yes ☐

No ☒

If facility was permanently closed during the year enter date closed: _____

Annual Disposal

Total tons received at facility for disposal:

Waste Type	Waste Origin		Total	Measurement	
	In-State	Out-of-State		Tons	Cubic Yards
Municipal	<u>36,539</u>	<u>0</u>	<u>36,539</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Industrial	<u>0</u>	<u>0</u>	<u>0</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C/D ¹	<u>28,660</u>	<u>0</u>	<u>28,660</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

¹C/D waste includes all waste going to a Class IV or VI landfill cell

Conversion Factor Used

☐ None Used ☐ From rules ☒ List Site Specific Conversion: 0.4 Tons for a pick-up truck load or a single axle trailer, 0.6 Tons for a one ton truck or a dual axle trailer load

Recycling

Material Recycled: 428 Tons ☒ Cubic Yds. ☐
(Material recycled should not be included in disposed tons reported. Report compost on separate form. Circle tons or yards)

Utah Disposal Fee

Disposal Fee Required to be Paid to State Yes ☒ No ☐

Fee Paid	Municipal	\$	C/D	\$
	Industrial	\$	Annual	\$ 3,850.00

(Municipal, Industrial and C/D are fees paid by Commercial Facilities. Annual fee is paid by facilities operated by a municipality)

Landfill Capacity

Current Landfill Remaining Capacity

Tons: _____
Years: 41

Cubic Yards: _____
Acres: _____

Acres Currently Open: 101 Acres Currently Closed: 0

Financial Assurance

Current Closure Cost Estimate: \$ 1,042,186

Current Post-Closure Cost Estimate: \$ 892,244

Current Amount or Balance in Mechanism: \$ 1,998,213

(If facility permit has been renewed if balance does not equal or exceed total for closure and post-closure care please contact the Division)

Current Financial Assurance Mechanism: Trust Fund

(ie. Bond, Trust Fund, Corporate or government Test etc.)

Mechanism Holder and Account Number: PTIF Account No.: 0973

(ie. Name of Bond Company, Bank etc. Account number)

Financial Assurance: Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year. The inflation factor can be found on the Division web page. Facilities that are using a trust account should include a copy of the most recent account statement.

Note Facilities using "Local Government Financial Test" or the "Corporate Financial Test" must provide the information required in R315-309-8(4) or R315-309-9(3) each year.

Other Required Reports

Ground Water Monitoring: Class I and V landfills only. Check if exempt ☐

Explosive Gas Monitoring: Class I, II and V landfills only. Check if exempt ☐

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

Signature:

Thomas R. Hardy

Date:

2/18/09

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print name: Thomas R. Hardy

Title: City Manager